Podium

An interview with Dr. Henry Morgentaler

Rick L. Hengel

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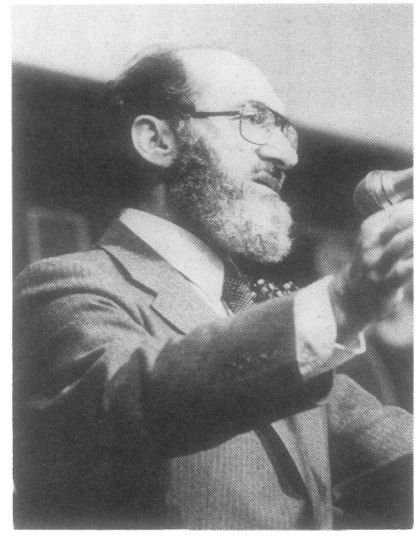
CMAJ: Dr. Morgentaler, ethically and morally, how do you view fetal and embryonic life? Is it human? Does it have rights or moral claims?

Morgentaler: Oh, that's a big, long question. I am sure that I could write a whole book on that.* How do I view fetal life? I mean it's too general a question.

Before viewing it, you first have to see the evolution of human life, what it means. The zygote is the union of the sperm with the ovum at conception. It is important to remember that it's just one cell. The other thing to remember is that many living and nonliving cells are being shed from organisms, such as ourselves, every day and that every living cell has the potential to become a human being. We are talking about cloning here which is not available yet, but it soon may be. The fact that the woman has become pregnant from sexual intercourse does not mean she is biologically, socially



or otherwise ready to become a mother.

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CMAJ: What I'm getting at is whether the embryo or fetus has any claim at all to balance the woman's claim to autonomy?

Morgentaler: No, I don't think that an embryo has a moral claim at all. I think it's not yet a human being. Only a human being has a moral claim, a legal claim or anything else. An entity consisting of a few cells, undifferentiated cells, a result of intercourse where procreation was not even the goal, to my mind has no claim at all.

CMAJ: What about the fetus, for example, in the third trimester?

Morgentaler: It comes back to the question that at what point of intrauterine development could this entity be considered enough of a human being to warrant protection and up to what time is it moral and responsible to have an abortion. I am not a dogmatic person. I have to go by scientific knowledge of development, and I would say there are a few criteria that you have to use. One is the development of the human brain, at least the part of the brain

*Morgentaler, Henry: *Abortion and Contraception* Don Mills, ON: General Pub. Co. Ltd., 1982

Mr. Hengel is a second-year medical student at the University of Alberta. This article will also appear in that university's *Survival Manual*.

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which makes us uniquely human and which permits us to create, to reason and to understand. Our neocortex makes us different from any other animal species and the beginning of it can only be detected at about 5 months of intrauterine development. You could say that up to this point it is certainly not a human being, but it is a potential human being just like every sperm and ovum are potential beings.

In a sense, it is a theoretical question since most abortions are done before the third trimester anyway.

CMAJ: Then do you see the development of personhood as a continuum? As the fetus approaches full-term, is there greater onus on us to protect that life?

Morgentaler: Absolutely. It [the fetus] becomes more and more a human being as it develops. That is why, for all kinds of reasons, it is better to have an abortion in the beginning rather than at the end of a pregnancy. Just before delivery obviously it [the fetus] is a human being. And I don't think there are many people who advocate an abortion at 7 or 8 months.

What we are battling here is the kind of notion by anti-abortionists that from the moment of conception you have the presence of a human being whereas we only have the presence of a single cell. It is absurd to call it a human being. If you consider the plethora of fertility cells [spermatozoa and ova] that are destined to die because nature has provided us with so many so that a few will become human beings, then obviously you can say 'well, what is there — just one cell'. One cell obviously is not a human being.

CMAJ: When it still seems responsible for you to consider an abortion, is the issue a question of autonomy for the woman?

Morgentaler: It's not just autonomy, there are many considerations.

I think the most important consideration is that the child should be born at a time when it can be provided with what is absolutely essential for its emotional and physical development. The child must have a mother, and preferably a father, and a family that can provide not only the physical necessities of life, but also the emotional sustenance — the love, affection, home, stability and respect for its individuality. If this environment does not exist, we know now from psychology and psychiatry that the child will suffer enormously if it is brutalized and neglected. Ideally, children should be born into families where they can count on receiving care.

We cannot ignore the present state of overpopulation in the world. Starvation, lack of development and lack of medical care affect a lot, perhaps two-thirds, of the world's population. So it's ludicrous to talk about the rights of embryos when we have overpopulation and so much misery in the world.

CMAJ: In the last 15 years, amniocentesis has allowed us to diagnose genetic disorders in utero. These include neural tube defects such as spina bifida, metabolic disorders such as Tay Sach's disease and chromosomal abnormalities such as Down's syndrome. Do you believe that selective abortion for eugenic reasons is a desirable option?

Morgentaler: Yes, I do. I believe that if a couple has to choose and if they want to have one or two children, they would rather have a normal child than a child with a defect. If amniocentesis shows Down's syndrome, which severely limits the ability of this child to enjoy life or to have a normal human life, it is obviously much better for the parents to decide that "we are going to abort this embryo and have another pregnancy where we can look forward to having a normal child".

I think amniocentesis is one of the scientific means now available which permits couples to make intelligent decisions as to whether a particular pregnancy should continue or not. Eugenic reasons are very important.

CMAJ: A few writers have suggested that the abortion issue will be solved when, instead of aborting the fetus, doctors will be able to transfer it from the uterus to the nursery where the child could be adopted. Even if it were possible, would such a futuristic idea solve anything?

Morgentaler: I don't see any merit to this idea. Most abortions come at a time when the mother cannot provide good care. Who is going to care for these children? There are too many children who have no home and, as in the Third World, who are starving. Why not take care of the children that are there already. We are overpopulated. The people who are concerned about the rights of the fetus do not seem to take into account the real problems of the population of this planet. Over-

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population, starvation, pollution, lack of adequate work, lack of medical care and possible destruction by atomic warfare — it doesn't make any sense. One of the biggest problems of mankind is to limit population.

CMAJ: We talked earlier about the question of autonomy. In 1973, the US Supreme Court based their landmark abortion decision on the constitutional right to privacy. Here in Canada, you have, I guess, been acquitted three times . . .

Morgentaler: Four times . . .

CMAJ: Been acquitted four times of criminal charges by superior and supreme courts . . .

Morgentaler: And by juries.

CMAJ: Do you feel these acquittals will force Parliament to take another look at the Criminal Code and, if so, how might they proceed?

Morgentaler: I hope they eventually will look at the code. Canadian law is not only dangerous to women in the sense that it forces them into delays which are unacceptable; it also makes the medical practice of abortion probably the poorest in the civilized world.

It is poor medical practice because of the limitations and the delays, and it is also a completely cockeyed schizophrenic law. It permits some women to have abortions and prevents others — based effectively on geography.

CMAJ: Certainly, the profession doesn't seem too happy with the law the way it is.

Morgentaler: Nobody is happy with that law. It forces us to practise poor medicine, it does not allow us to bring the benefits of modern medicine to women and it's a bad law to start with.

CMAJ: Do you think there is a basis to challenge existing legislation on constitutional grounds?

Morgentaler: Well, there are two methods. The law is already before the Court of Appeals of Ontario and eventually it will go to the Supreme Court of Canada, at which point the Supreme Court might declare the law unconstitutional and in violation of the Charter of Rights and Freedoms. The other option is an act of Parliament. Unfortunately, the anti-abortion forces are so strong that the politicians are afraid even to broach the issue.

CMAJ: The medical profession is deeply divided on this issue. Do you think the profession has an obligation to come eventually to a consensus and assume a leadership role on how society will decide this issue?

Morgentaler: Yes, I think the Canadian medical profession has a duty to see that we provide good medical care to women who need abortion services — it is a medical procedure. I am very critical of the Canadian Medical Association for not lobbying the government and the public to tell them we are forced into poor medical practices in this field.

CMAJ: Do you think we should get consensus and . . .

Morgentaler: We don't have to have a complete consensus; those doctors who are against abortion don't have to do it. But from the point of view of providing good medical care to those women needing this service, it is obvious that we have to provide, first of all, clinics with good, competent doctors; we have to improve our methods; and we have to eliminate delays. Therefore, we need a better law. A law that will not tie our hands behind our backs. A law that will allow us to offer good medical care to women who need abortions.

CMAJ: What is the role of the individual physician, regardless of his or her personal beliefs, when a woman comes for advice on an unwanted pregnancy?

Morgentaler: A physician has a duty to see that the woman who asks for an abortion gets it and as quickly as possible. If it's against his principles, then he is duty bound, ethically, to refer that patient to a hospital which will provide the woman with the service she is seeking.

It is not the duty and it is an abuse of power on the part of the doctor to try and influence the woman one way or another. Doctors have a duty to respect the religion, conscience and lifestyles of their patients, especially with such private decisions as whether they should have a child or not. Doctors should not impose their morality or their religion on their patients. This is a very important principle.

CMAJ: Do you see abortion clinics, such as your clinics here in Montreal and Toronto, eventually taking over from hospital

abortion services and doing most abortions in large centres?

Morgentaler: I hope that the government comes to the conclusion that abortions are better done in clinics than in hospitals. This is what happened in the United States where four out of every five abortions are done in clinics and not in hospitals. Hospitals are very cumbersome, unwieldy and very often cold institutions, and they do not provide the best care for the abortion patient. Clinics have specialized personnel, they have people there that want to be there and they have more empathy for abortion patients. Clinics are the best way of providing abortion services.

CMAJ: Should these clinics operate on a referral basis or should the patient have direct access to the clinic?

Morgentaler: I think people should have direct access.

CMAJ: As a final question Dr. Morgentaler, many medical students have yet to decide on how they will approach the issue of abortion in professional practice. What advice do you have to offer students approaching difficult ethical issues, such as abortion?

Morgentaler: My first bit of advice would be to have compassion and understanding for people who are different from us, who may have different ideas and different lifestyles. I think doctors should learn to respect individuals who are patients and not try to impose their particular brand of lifestyle, morality or philosophy on their patients. This is the *sine qua non* of good medical practice — the kind of respect that every human being deserves. In difficult ethical questions, doctors should be humble and try to do what is best for the patient. If the patient believes that the best thing for her is to have an abortion, it is obvious, no matter what his personal opinion on abortion may be, the doctor's behaviour should be to direct the patient to the best medical care.■